



# **2016 Annual Report Executive Summary**

# Core Functions of Public Health Agencies

- ✿ **Assessment:** Regular, systematic collection, assembly, analysis and distribution of information on the health of the community, including statistics on health status, community health needs and epidemiological and other studies of health problems.
- ✿ **Policy Development:** Using the scientific knowledge base in decision making about public health and taking a strategic approach to leadership for public health policy with a positive appreciation for the democratic political process.
- ✿ **Assurance:** Engaging policy makers and the public in determining those services that will be guaranteed to every member of the community, and making services necessary to achieve agreed upon goals available by encouraging action by public and private entities implementing regulatory requirements, or directly providing services.

## Health Services Unit Summary

	2016	2015	2014	2013
Well Child / Immunization Clinic Visits	0	277	255	263
Well Child / Immunization Clinics Held	0	71	51	44
Well Child / Immunization Doses Administered	0	229	136	182
Lead Screening Program – Children Screened	1,135	1,166	1,161	1,036
Lead Screening Program – Home Visits/Case Follow-Up	18	5	23	6
Flu Clinics	5	4	6	9
Flu Vaccines Administered	168	161	121	254
Pneumococcal Administered	0	0	0	3
Tuberculosis – Active TB Cases	0	0	1	0
Maternal Child Health Patients	161	218	293	293
Maternal Child Health Home Visits	336	506	587	637
MOMS Participants	22	27	51	42
MOMS Clinic Visits	54	46	41	58
Animal Bite Investigations	301	325	359	274
People Receiving Post-Exposure Rabies	21	20	24	20
Rabies Inoculations – Dogs, Cats, Ferrets	1120	928	879	1,100
Animals Positive for Rabies	1	4	5	4
Animals Submitted for Testing	33	43	9	61

### **Blood Pressure Clinics**

Health Educator conducted Blood Pressure Clinics at Earl Towers the first Tuesday of each month. 112 Blood Pressures were taken. Public Health attended the Office for The Aging Senior Health Fair on October 6<sup>th</sup> and checked 35 blood pressures.



### **Flu Clinics**

Due to continued emphasis on a medical home and pharmacy participation in providing early flu vaccine, no public flu clinics were held in 2016. Clinics were held for Washington County employees and patients of Washington County Public Health were offered vaccine.

	2016	2015	2014	2013	2012
Flu Vaccine	141	161	121	254	372
Pneumovax	0	0	0	3	3
# of Clinics	5	3	6	9	0



# Immunizations are for everyone!

**Office Clinics Are Held Every Wednesday 2:00 – 4:00**

(Reserved for Washington County residents only)

<b>2016</b>	<b>Number of Clinics</b>	<b>Number of IZ Given</b>	<b>Attendance</b>
Well Child Clinics	0	0	0
School Clinics	0	0	0
Office Clinics	39	95	110
Adult Clinics	6	22	119
Jail Clinics	12	79	67
<b>Total</b>	<b>57</b>	<b>196</b>	<b>296</b>

## 2016 Vaccine Charges

ActHIB	\$ 51.00	Hepatitis B (Pediatric)	\$ 39.00	Rotarix	\$130.00
Adacel (Tdap)	\$ 65.00	Ipol	\$ 52.00	Tetanus	\$ 44.00
Boostrix	\$ 59.00	Menactra	\$135.00	Tenivac	\$ 47.00
DTap	\$ 50.00	Menomune	\$139.00	Tubersol	\$ 29.00
Gardasil	\$161.00	MMR	\$ 78.00	Twinrix	\$106.00
Hepatitis A (Adult)	\$ 85.00	Pediarix	\$ 88.00	Varivax	\$126.00
Hepatitis A (Pediatric)	\$ 44.00	Pentacel	\$106.00	Zostavax	\$192.00
Hepatitis B (Adult)	\$ 89.00	Penumovax	\$ 88.00	Flu	\$ 42.00

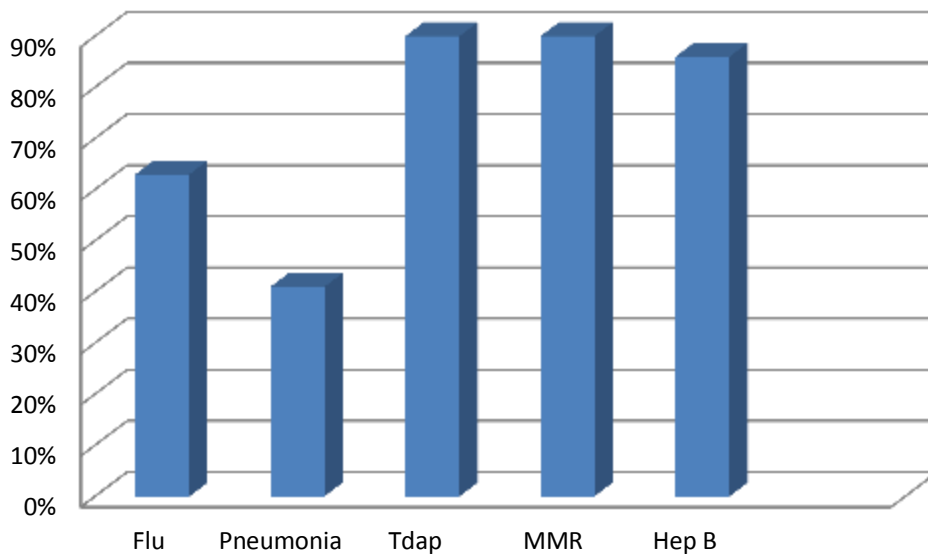
## IAP – Immunization Action Plan

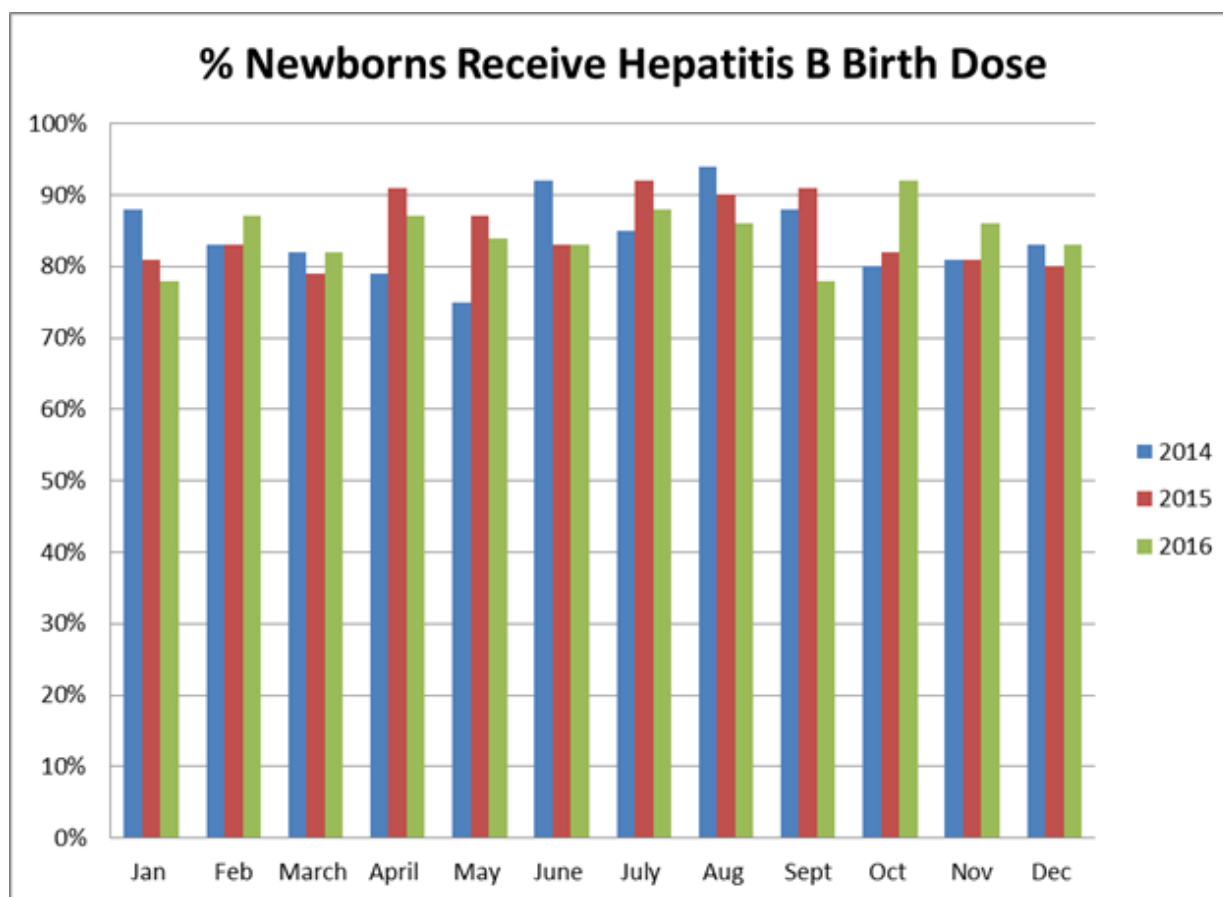
**Throughout our lifespan, vaccines play an important role in preventing disease.**

Each year Washington County participates in an Immunization Action Plan Grant. As with previous Grant years, there are specific goals delineated.

- Goal 1: Increase Childhood and Adolescent Immunization Rates
- Goal 2: Increase Adult Immunization Rates
- Goal 3: Ensure that all vaccination records are completely and accurately entered into NYSIS
- Goal 4: Increase Education, Information, Training, and Partnership
- Goal 5: Eliminate Perinatal Hepatitis B

### **2016 EMS Immunization Survey: % immunizations received**





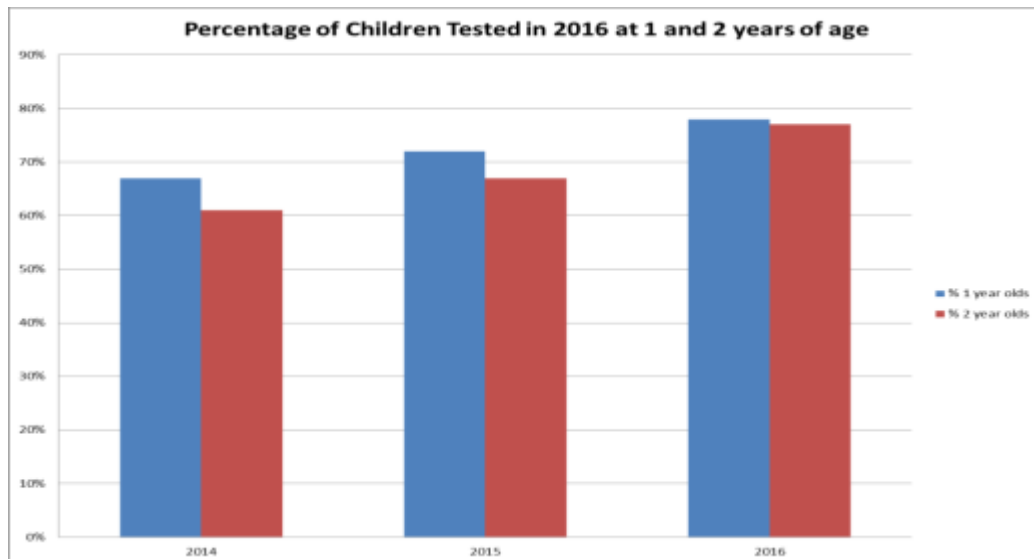
## **Lead Poisoning Prevention Program**

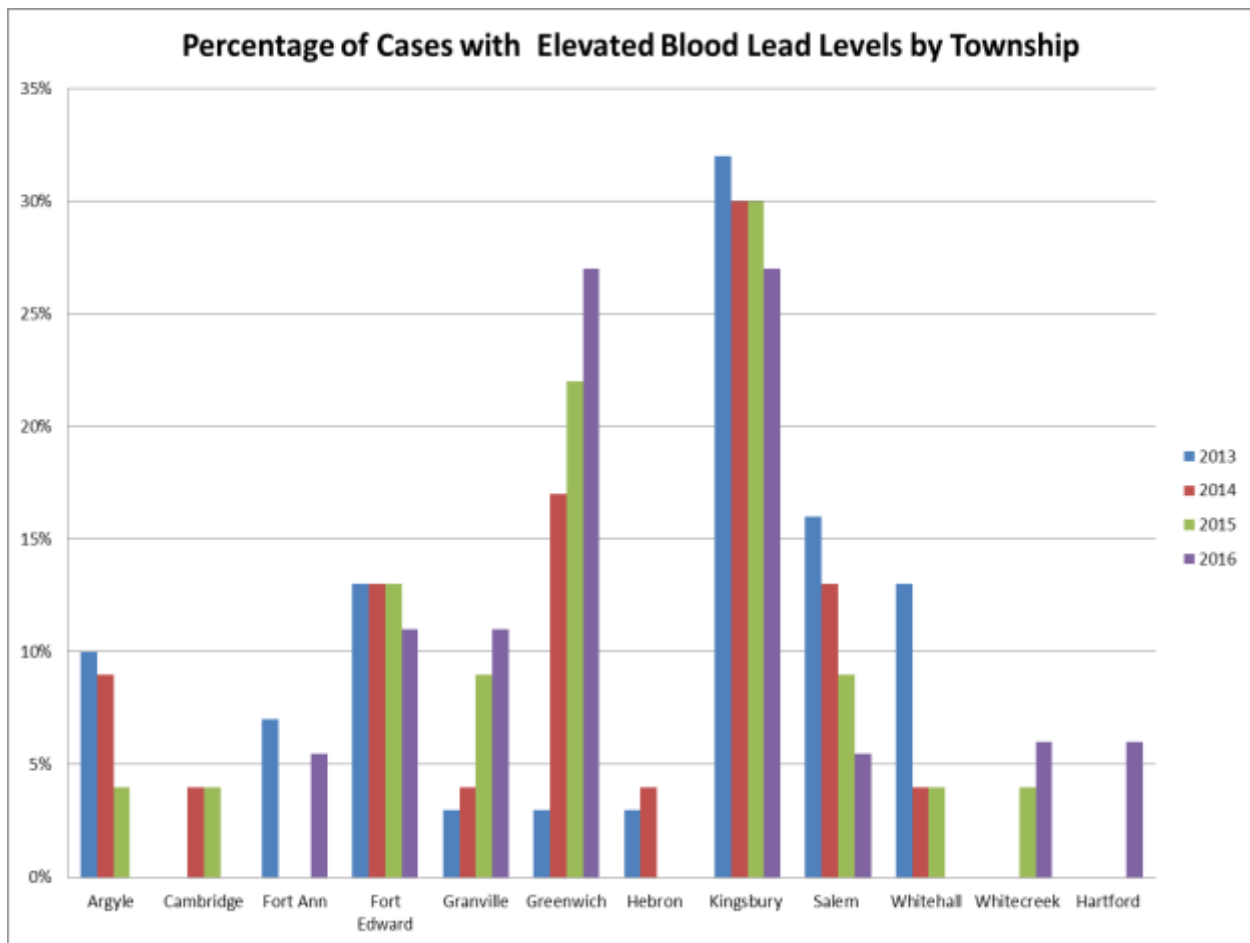
Washington County's Lead Poisoning Prevention Program is funded via a grant from the New York State Department of Health.

### **Lead Poisoning is Preventable!**

NYSDOH Lead Poisoning Prevention Program Grant has delineated Key components to be addressed:

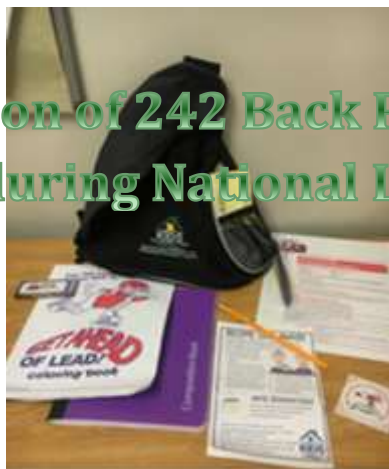
- ☀ Goal 1: **PROGRAM ADMINISTRATION** – Local Health Departments will effectively administer a Lead Poisoning Prevention Program (LPPP)
- ☀ Goal 2: **EDUCATION** – Increase knowledge and awareness of the public, healthcare providers, other professionals, and local policy makers regarding lead poisoning and lead poisoning prevention in children and pregnant women, based on the needs of the county, including the specific impact on the local community.
- ☀ Goal 3: **EDUCATION** - All children and pregnant women are tested for lead poisoning consistent with requirements outlined in NYS Public Health Law, Administrative Rules and Regulations, and CDC guidelines.
- ☀ Goal 4: **EDUCATION** - All children and pregnant women are tested for lead poisoning consistent with requirements outlined in NYS Public Health Law, Administrative Rules and Regulations, and CDC guidelines.
- ☀ Goal 5: **PRIMARY PREVENTION** - Lead hazards in the community are identified and controlled before children become lead poisoned.





☠ There were 18 cases managed in 2016. Six new cases were opened. Eleven cases were discharged in 2016.

**Distribution of 242 Back Packs with LLP materials during National Lead Prevention**







*The health and well-being of mothers and children are fundamental to overall population health.*

*The overall goal for the **Maternal Child** Health nursing team is to promote health for women and infants during the perinatal, postpartum and newborn periods.*



- ✓ Services are available during a woman's pregnancy through the Medicaid Obstetrical Maternal Services (**MOMS**) and antepartum preventive services.
- ✓ Nurses assess the mother and newborn.
- ✓ Program provides support, reassurance, guidance and collaboration with the family's health care provider.
- ✓ Standardized teaching is provided utilizing evidence-based best practice materials including: nutrition, SIDs prevention, newborn care, growth/development, safety (lead poisoning prevention, car seat), maternal depression, immunizations, exercise, healthy lifestyle choices, emergency preparedness, and community resources.

● ***Our Goal is to provide a home visit to every pregnant and postpartum woman who is in need of our services.***

# Postpartum Depression



**Depression affects women off all backgrounds at a rate of one in five women.**

***Depression is treatable, and treatment can help needless suffering.***

**Maternal Depression impacts the family.** Children of parents with depression are at increased risk for behavior, attention, anxiety and depression. Fathers who partners are experiencing maternal depression have an increased risk of depression.

**Currently** there are no support groups available in Washington, Warren or Saratoga County. A high percent of mothers with depression are not receiving treatment due to barriers. They include the following: lack of awareness of what depression looks like, how to seek help, negative attitudes and misconceptions about depression, cost, travel, and lack of availability of treatment providers.

The earlier a woman is identified with maternal depression, the earlier she can receive treatment. Evidence-based treatments exist. They include: cognitive and interpersonal therapies, medication, peer-to- peer support programs and support groups.

# Maternal Depression Project Goals and Action Steps for 2016

## Action Step:

- Maternal Child Health nurses utilize the Edinburg Postnatal Depression Scale for all start of care visit. The score is document and reported to physician.
- Mothers and families who are experiencing Maternal Depression will be provided with resources, support and assistance with obtaining access to treatment.

## Action Step:

- All WCPH referrals are mailed postpartum depression material
- Primary Care Provider is notified of all scores from the Edinburg Postpartum Depression Scale Score
- Utilize existing interagency work groups (e.g. NAS subcommittee, WIC, Head Start) to disseminate information regarding assessment of women for signs and symptoms of Maternal Depression, education, treatment, resources, and support.

## Action Steps:

- Head Start Homebased Program's policy is to have the home visit within two weeks of birth. The agency's policy offers the following visit options: WCPH MCH nurse, Head Start nurse, or declination of visit. Head Start Home visitor has MOC signed form indicating which obtain she prefers. The Edinburg Postnatal Depression Scale screening tool is completed at the home visit. The completed form is evaluated by a Head Start Mental Health counselor who reviews and makes follow up recommendation regarding any treatment needs.
- Women in attendance at Washington County WIC clinics were asked about interest in a support group. The overall response is that they felt there was a need and they would attend if offered in their communities.
- Utilize social media regarding issue of Maternal Depression and access to services and resources.

## Action Steps:

- Posted on Washington County website "We are Warrior Moms". There were 3000 views in the first month.
- Obtain training funding for Public Health MCH Nursing staff to improve knowledge and skills in assessment, care planning, and providing a local support group for women with Maternal Depression/Mood Disorders. Pursue training through Postpartum Support International program that is web based.

## Action Steps: **Applied for Adirondack Health Institute Prevention Agenda Grant for 2017**

## NEONATAL ABSTINENCE SYNDROME (NAS)



**NAS** is a condition in which a baby has withdrawal symptoms after being exposed to certain substances. Many times, the baby is exposed when the mother uses substances such as medications or illicit drugs during pregnancy. Opioid use is the most common cause of NAS.

Data compiled from the CDC shows that among 28 states with publicly available data in HCUP during 1999–2013, the overall NAS incidence **increased 300%**, from 1.5 per 1,000 hospital births in 1999, to 6.0 per 1,000 hospital births in 2013.

**THE FINDINGS UNDERScore THE IMPORTANCE OF STATE-BASED PUBLIC HEALTH PROGRAMS TO PREVENT UNNECESSARY OPIOID USE AND TO TREAT SUBSTANCE USE DISORDERS DURING PREGNANCY, AS WELL AS DECREASE THE INCIDENCE OF NAS.**

## **Neonatal Abstinence Syndrome Subcommittee**

**Established April 2015 as a subcommittee of**

### **Hometown vs Heroin and Addiction**

#### **Our NAS subcommittee has the following goals:**

- ✿ Share information and collaborate with clinical and human service partners to develop policies, procedures, and educational messages to improve the delivery of services to pregnant and parenting women with a substance abuse disorder.
- ✿ Provide an evidence based standard of care for infants withdrawing from opiates and narcotics.
- ✿ Improve screening of pregnant women and make it a standard of practice that they are screened throughout pregnancy.
- ✿ Provide standardized patient education in relation to prescription and recreational drug use to all women during preconception counselling and/or receiving substance abuse treatment.
- ✿ Provide an evidence based standard of care for drug-addicted mothers during pregnancy.
- ✿ Reduce barriers to treatment through a fast track available to assist women into a treatment program that works for them.
- ✿ Empower women to self-disclose an addiction and to enter treatment.
- ✿ Help women to navigate through services that are available.
- ✿ Improve the transitions through care services with “warm” handoffs and better communication across disciplines and services.
- ✿ Provide anticipatory education and guidance to women regarding withdrawal symptoms and how to support their newborn.
- ✿ Improve acceptance of Maternal Child Health Nurse referrals and home visits.
- ✿ Promote family-centered care during treatment and recovery.

#### **NAS Subcommittee Highlights 2016**

Washington applied for and awarded grant by Adirondack Health Institute (AHI). Grant money has been used for printing brochures, posters and obtaining speakers to provide education to clinical and human service partners. March 2016, training was provided by the Vermont's Children and Recovering Mothers (CHARM) Team on “A collaborative approach to supporting pregnant and parenting women with opioid addiction and their infants”.

## Women, Infants and Children Nutrition Program – “WIC”

The WIC Program is an intervention program designed to improve the health of pregnant and breastfeeding women, infants and children up to the age of five. WIC is a United States Department of Agriculture (USDA) program and provides nutritious foods, information on healthy eating, and referrals to health care.

The goals of the WIC Program are to:

- Improve pregnancy outcomes
- Reduce the incidence of obesity in children
- Support and encourage breast feeding as the optimal method of infant feeding
- To promote healthier habits by encouraging healthier lifestyle choices

### Food Dollars - \$1,041,744.

Food dollars are the value of all redeemed vouchers given to WIC families to purchase foods at approved stores. All foods provided to WIC participants must be prescribed by the WIC nutritionist.

### Administrative Budget - \$490,968.

Administrative funds are used to support the administration of the WIC program to include salaries and fringe benefit costs for 11 full and part time staff, physical space and satellite clinic space costs, travel costs and all other operating expenses. This dollar amount includes an addition of a cost of living adjustment of \$35,978.

### Farmers Market Coupons - \$22,992.

Coupons are provided to every WIC family once per year during the local growing season. Families use these coupons help to support our local agricultural economy while also being exposed to fresh, locally grown produce. Washington County works with Cooperative Extension so that families can receive support while visiting a local market. Of the total amount issued, 41.79 % were redeemed.

### Breastfeeding Peer

#### Counseling Program - \$18,304.

The Peer Counseling Program is intended to increase the initiation and duration rates of breast feeding. As a "Peer" program, a Peer Counselor can encourage breast feeding and other appropriate parenting habits by mentoring mothers.

### Breast Pump Program - \$1,452.

Funds for the breast pump program are supplied by USDA and are considered additional food dollars. A woman that breastfeeds not only provides a healthier start for her infant but also incurs fewer cost by eliminating the need to spend money on formula. Many mothers requesting a pump do so at the time they want to return to work. Funds received for pumps were again reduced for 2016 since insurance companies now provide pumps through the Affordable Care Act to those returning to work who have a doctor's prescription.

The WIC Program saves money by improving the health of our growing families. Pregnant women enrolling in WIC receive prenatal care earlier, and have fewer pre-term and low birth weight infants. Improved birth outcomes result in a reduction in health care costs associated with these risk factors. WIC helps children to consume more key nutrients such as iron, protein, calcium, and Vitamins A and C. WIC also helps to ensure children's normal growth, reduces the incidence of iron deficiency anemia and other health problems caused by poor diet. Nationally, the obesity rate of children continues to decline among WIC participants.



## Rabies

	2016	2015	2014	2013	2012
<b>Confirmed Rabid Animals</b>	1	4	5	4	9
Animal Specimens Sent for Testing	33	43	79	61	83
Animals Received Vaccine at County Clinic	1120	928	879	1100	1315
Individuals Receiving Post-exposure Vaccine Series or booster (all RIG & 1 <sup>st</sup> rabies injections given at GFH and nearest hospital)	21	20	24	20	44
Reported Animal Bites / Guidance Calls	301	325	359	274	341
Animal Clinics	11	11	10	10	10
Blood Titers Drawn for Human Rabies Titers	0	26	19	15	1

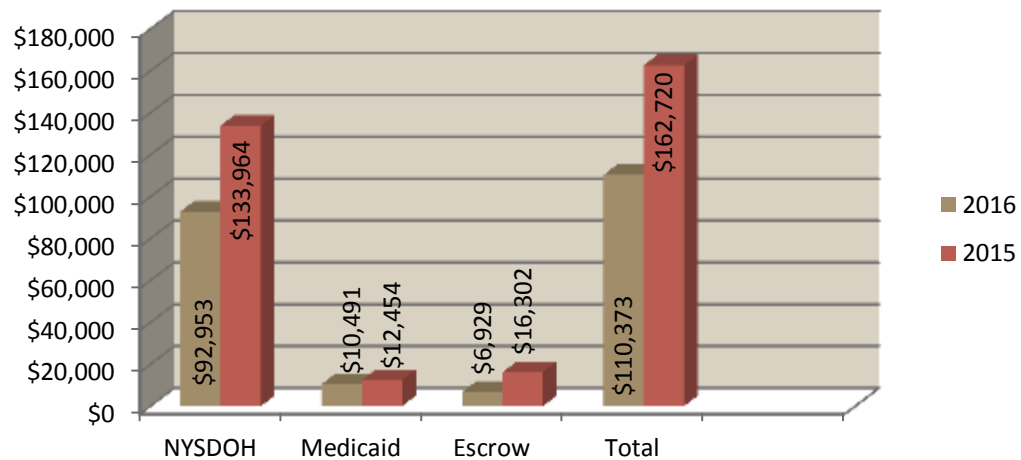


2016 Rabies Animal Vaccination Clinics					
Town	Held	Dogs	Cats	Ferrets	Total Given
Salem	March	41	9	0	50
Whitehall	April	88	27	0	115
Kingsbury	May	137	25	0	162
Hampton	May	113	41	0	154
Granville	June	51	32	0	83
Argyle	June	96	20	0	116
Cambridge	July	29	46	4	79
Greenwich	August	51	29	8	88
Fort Ann	September	63	16	0	79
Kingsbury	October	55	34	0	89
Kingsbury	November	62	41	2	105
	<b>TOTAL</b>	786	320	14	1120

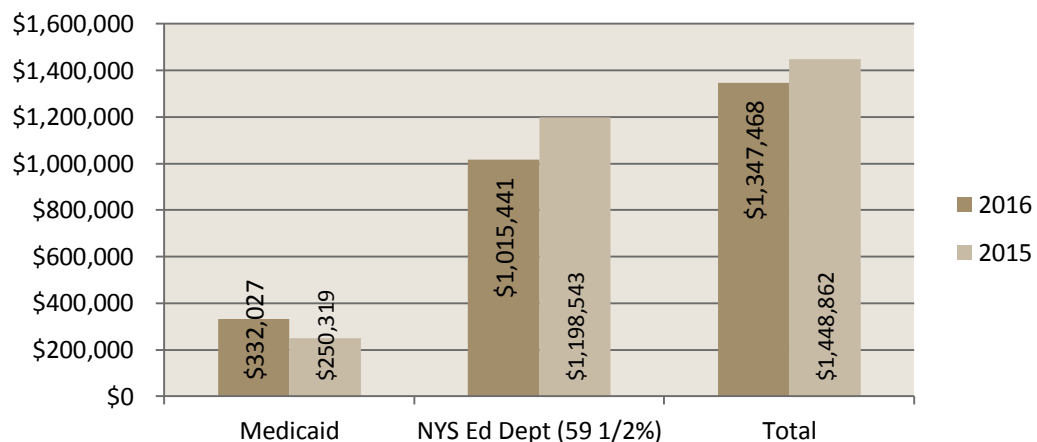
## Early Intervention Program

The Early Intervention Program is a New York State Department of Health Program which provides a variety of services for eligible infants and toddlers with disabilities or strong suspicion of disability as it relates to a diagnosed condition such as Downs Syndrome. The program works with parents and families teaching them to meet the special needs of their child. These services are provided in the child's natural environment. For most children this often is their home or day care site.

### Early Intervention Cash Receipts By Revenue Source



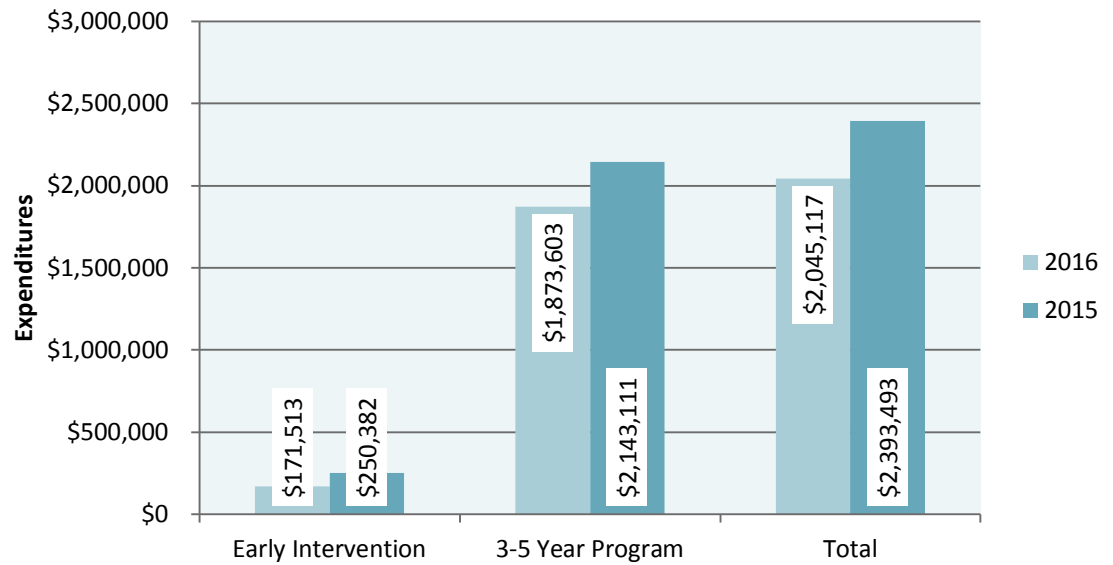
### 3-5 Program Cash Receipts By Revenue Source



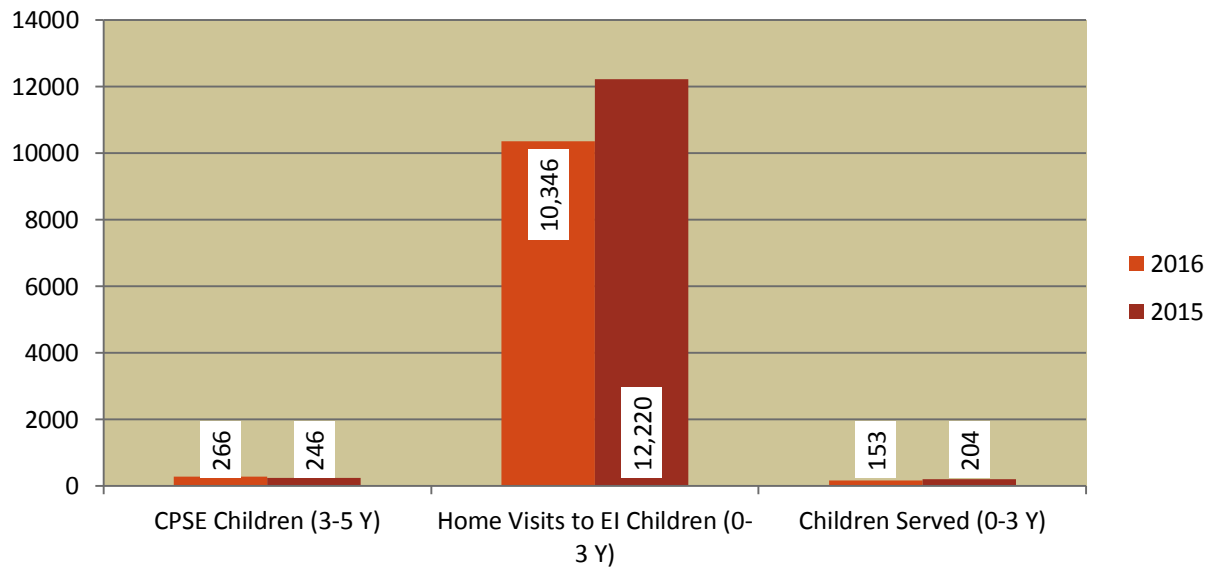
The receipts shown above are strictly cash received during 2016 and may include cash received in 2016 for prior year services. For Early Intervention services, the NYS Department of Health reimburses the County 49% of any service not paid for by another source, such as Medicaid or a commercial insurance.



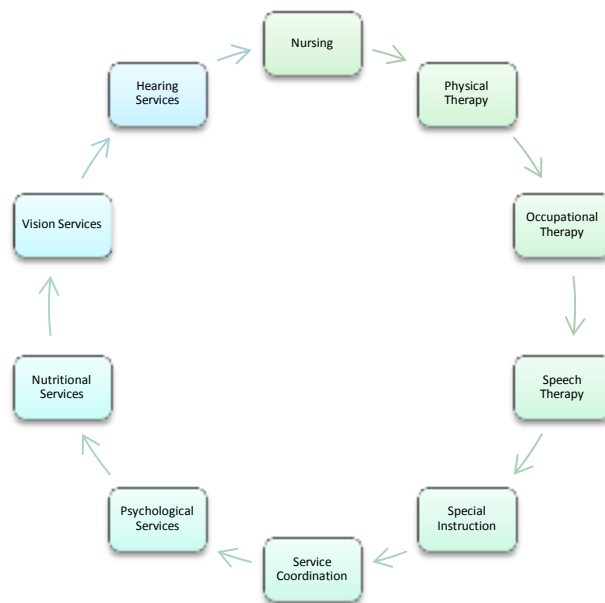
## EI & 3-5 Year Program



## EI / CPSE Combined Stats



The home visits (HV) are reflective of service utilization by children in the Early Intervention Program; this includes:



The children in the CPSE Program are the number of children classified as preschool children with a disability receiving group or individualized programs or services under that program.

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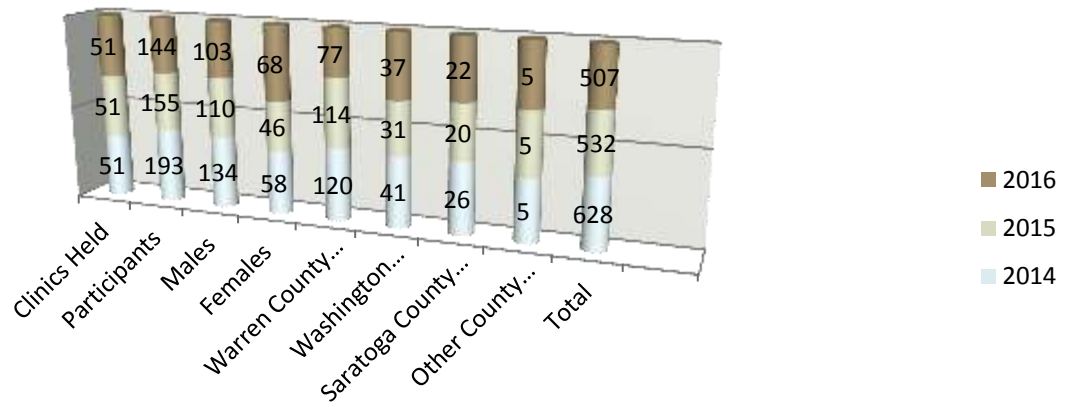
### **Infection Control/ Communicable Disease Control**

**Washington County Public Health Communicable Disease** staff continues to respond rapidly and collaborate with the Regional New York State Department of Health Epidemiology staff and the NYSDOH District Office in the event of any outbreak or incidents of concern. Washington County Public Health Communicable Disease staff monitors surveillance locally, regionally and nationally on a daily basis. The Washington County Public Health infection control team continues to work closely with other area facilities and school districts in regard to issues of concern related to infection control.

### Washington County Communicable / Infectious Disease Data

	2016	2015	2014	2013	2012
<i>Amebiasis</i>	0	0	0	0	0
Anaplasmosis**	48	61	26	14	1
Babesiosis**	5	1	0	0	0
Brucellosis**	1	1			
Campylobacteriosis**	21	18	17	17	14
Cryptosporidiosis**	2	2	3	2	2
E.Coli 0157:H7	4	2	0	2	1
Ehrlichiosis (Chafeensis)**	1	0	0	4	0
Ehrlichiosis (Undetermined)	0	0	2	1	0
Giardiasis	5	2	4	0	5
Haemophilus Influenzae, Not Type B	1	0	0	1	1
Hemolytic Uremic Syndrome**	1	0			
Hepatitis A	0	0	0	1	0
Hepatitis B, Chronic	1	0	2	2	0
Hepatitis C, Acute	1	2	1	1	1
Hepatitis C, Chronic	27	22	36	30	32
Influenza A, Lab Confirmed	95	195	98	53	92
Influenza B, Lab Confirmed	23	46	21	15	1
Influenza Unspecified, Lab Confirmed	4	7			
Legionellosis	11	4	1	1	2
Listeriosis	0	0	0	1	2
Lyme Disease** *****	51	68	59	127	77
Meningitis, Other Bacterial	0	1	0	0	0
Meningococcal**	0	1	0	0	1
Pertussis**	0	0	2	0	0
Q Fever**	0	0	0	0	2
Rocky Mtn Spot Fever**	0	0	0	0	1
Salmonellosis	10	8	5	7	7
Shigellosis	0	0	0	0	0
Strep, Group A Invasive	2	2	1	0	2
Strep , Group B Invasive	5	6	3	5	5
Strep Pneumoniae Invasive	11	9	4	8	10
Toxic Shock Syndrome, Streptococcal**	0	0	0	0	0
Tuberculosis	0	0	1	1	0
West Nile Virus**	0	0	0	0	0
Yersiniosis	2	0	1	1	0
Syphilis Total	0	1	0	1	1
--Late Latent	0	0	0	0	1
--P & S Syphilis	0	1	0	1	0
--Congenital Syphilis	0	0	0	0	0
--Early Latent	0	0	0	0	0
Gonorrhea Total	23	11	4	11	16
--Gonorrhea	23	11	4	10	15
--Pelvic Inflammatory Disease	0	0	0	1	1
Chlamydia	148	143	135	126	150
Chlamydia P.I.D.	0	2	2	2	1
<b>Total NYS Reportable</b>	<b>679</b>	<b>617</b>	<b>426</b>	<b>435</b>	<b>444</b>

## HIV and STD (Sexually Transmitted Disease) Clinic



## Diseases with Positive Test Results for All Clinic Attendance Warren & Washington County

Diseases	2016	2015	2014	2013	2012
Genital Herpes	1	0	2	4	4
Genital Warts	5	0	2	9	8
Chlamydia	5	16	19	21	24
Gonorrhea	0	0	0	0	1
Syphilis	2	0	1	2	3

## STATE AID FUNDING ANALYSIS 2016

	<b>2016</b>
Health Admin	\$270,023
Family Health	\$123,307
Disease Control/Chronic Disease	\$342,466
Community Health Assessment	\$21,832
Emergency Preparedness & Response	\$20,335
Environmental Health	\$79,463
<b>Total Core Services</b>	<b>\$857,426</b>
Base Grant (\$500,000)	\$500,000
Amount Exceeding Base Grant	\$357,426
36% Funding Above Base	\$124,534
<b>Total Core Services Funding</b>	<b>\$624,534</b>
Incentive Performance Funding	\$11,500
Revenue Offset Funding	\$2,346
<b>Total State Aid Funding</b>	<b>\$638,380</b>

**Family Health** consists of the following: Child Health, Maternal and Infant Health, and Reproductive Health

**Disease Control/Chronic Disease** consists of the following: Arthropod, General Communicable Disease, Immunization, Rabies, STD/HIV, and Outpatient Tuberculosis

**Environmental Health** consists of: Injury Prevention and Control and Lead Poisoning Prevention

\*Per Article 6 guidance from New York State Department of Health, Health Education and Laboratory Services are no longer distinct categories but are distributed throughout the other categories.

\*Also per Article 6 guidance from New York State Department of Health, Emergency Preparedness is now a stand-alone category and Injury Prevention and Lead Poisoning were moved to Environmental Health.

State Aid Funding from 2015 to 2016 remained fairly consistent with a 4% decrease in total Article 6 funding.



### Visits By Town 2016

Argyle	2
Cambridge	19
Dresden	8
Easton	2
Fort Ann	8
Fort Edward	20
Granville	46
Greenwich	5
Hampton	9
Hartford	0
Hebron	0
Jackson	0
Kingsbury	118
Putnam	6
Salem	57
White Creek	27
Whitehall	60
Other – MOMS – out of County	4
<b>TOTAL</b>	<b>391</b>